



MISSOURI DEPARTMENT OF NATURAL RESOURCES
MISSOURI OIL AND GAS COUNCIL
INJECTION WELL LOCATION PLAT

FORM OGC-41

OWNER									
LEASE NAME						COUNTY			
_____ FEET FROM _____ SECTION LINE AND _____ FEET FROM _____ SECTION LINE OF SEC. _____, TWP _____ N., RANGE _____ <div style="display: flex; justify-content: space-around; font-size: small;"><div>(N)-(S)</div><div>(E)-(W)</div></div>									
LATITUDE					LONGITUDE				
<div style="display: flex;"><div style="flex: 1; text-align: center; padding: 10px;"><div style="margin-bottom: 10px;">N SCALE 1" =</div></div><div style="flex: 4; border: 1px solid black; position: relative;"><div style="position: absolute; top: -1px; left: -1px; right: -1px; bottom: -1px; border: 1px solid black;"></div></div></div>									
REMARKS									
<div style="text-align: center;">INSTRUCTIONS</div> <p>On the above plat, show distance of the proposed well from the two nearest section lines, the nearest lease line, and from the nearest well on the same lease completed in or drilling to the same reservoir. Do not confuse survey lines with lease lines. See rule 10 CSR 50-2.030 for survey requirements. Lease lines must be marked.</p>					<p>This is to Certify that I have executed a survey to accurately locate injection and area of review wells (wells within a ½ mile radius of the injection well that penetrate the injection interval) in accordance with 10 CSR 50-2.030 and that the results are correctly shown on the above plat.</p> <div style="text-align: right; margin-top: 20px;">(SEAL)</div>				
REMIT TWO COPIES TO: MISSOURI OIL AND GAS COUNCIL P.O. BOX 250, ROLLA, MO 65402					REGISTERED LAND SURVEYOR			NUMBER	

AREA OF REVIEW WELLS (1/2 MILE RADIUS AROUND WELL) THAT PENETRATE THE INJECTION INTERVAL
INSTRUCTIONS

In the grid below, place the descriptions of area of review wells (½ mile radius around well) of public record that penetrate the proposed injection zone. Complete the following: lease name, well number, location, owner, depth in feet, type of well (Oil = O, Gas = G, Water = W, Injection = I, Strat Test = S, Unknown = U, Other - specify), date spudded, date completed, and construction of the well. Give a brief but accurate description of the well's construction including all plugging and/or completion of information, detailing the cement, casing, and subsurface casing information.

LEASE	WELL NO.	LOCATION	OWNER	DEPTH	TYPE	DATE SPUDED	DATE COMPLETED	CONSTRUCTION
		_____ FROM (N)(S) SEC. LINE _____ FROM (E)(W) SEC. LINE SEC. _____ T. _____ N.R. _____						
		_____ FROM (N)(S) SEC. LINE _____ FROM (E)(W) SEC. LINE SEC. _____ T. _____ N.R. _____						
		_____ FROM (N)(S) SEC. LINE _____ FROM (E)(W) SEC. LINE SEC. _____ T. _____ N.R. _____						
		_____ FROM (N)(S) SEC. LINE _____ FROM (E)(W) SEC. LINE SEC. _____ T. _____ N.R. _____						
		_____ FROM (N)(S) SEC. LINE _____ FROM (E)(W) SEC. LINE SEC. _____ T. _____ N.R. _____						
		_____ FROM (N)(S) SEC. LINE _____ FROM (E)(W) SEC. LINE SEC. _____ T. _____ N.R. _____						
		_____ FROM (N)(S) SEC. LINE _____ FROM (E)(W) SEC. LINE SEC. _____ T. _____ N.R. _____						
		_____ FROM (N)(S) SEC. LINE _____ FROM (E)(W) SEC. LINE SEC. _____ T. _____ N.R. _____						
		_____ FROM (N)(S) SEC. LINE _____ FROM (E)(W) SEC. LINE SEC. _____ T. _____ N.R. _____						